

Fill in this information to identify your case:

United States Bankruptcy Court for the :

NORTHERN District of ILLINOIS  
(State)

Case Number (if known): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint case*-and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Rodney \_\_\_\_\_

First name

Carroll \_\_\_\_\_

Middle name

Shelton \_\_\_\_\_

Last name

Suffix (Sr., Jr., II, III)

Chasity \_\_\_\_\_

First name

Star \_\_\_\_\_

Middle name

Shelton \_\_\_\_\_

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

First name

First name

Middle name

Middle name

Last name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number**

XXX - XX - 8040

XXX - XX - 2782

OR

OR

**9**XX - XX - \_\_\_\_\_

**9**XX - XX - \_\_\_\_\_

Debtor 1 Rodney

Carroll

Document  
Shelton

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business names or EINs.

Business name \_\_\_\_\_

Include trade names and *doing business as* names

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

 I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

221 N California St

Number Street

Unit B

Sycamore IL 60178

City

State

ZIP Code

DEKALB

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from the one above, fill it in here.** Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy.****Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.  
(See 28 U.S.C. § 1408)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.  
(See 28 U.S.C. § 1408)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 Rodney

Carroll

Document  
Shelton

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2:****Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**  No

Yes. District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
 MM / DD / YYYY

11. **Do you rent your residence?**

No. Go to line 12

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 3:****Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

Name of business, if any

Number Street

City

State Zip Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4:****Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street

City State ZIP Code

Debtor 1 Rodney

Carroll

First Name

Middle Name

Shelton

Last Name

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Case Number (if known) \_\_\_\_\_

**Part 5:****Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Rodney

Carroll

First Name

Middle Name

Shelton

Last Name

Case Number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.****17. Are you filing under Chapter 7?** No. I am not filing under Chapter 7. Go to line 18. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. Yes.**18. How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Rodney Carroll Shelton

Signature of Debtor 1

**X** /s/ Chasity Star Shelton

Signature of Debtor 2

Executed on 02/13/2017  
MM / DD / YYYYExecuted on 02/13/2017  
MM / DD / YYYY

Debtor 1 Rodney

Carroll

Document  
Shelton

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**For your attorney, if you are represented by one****if you are not represented by an attorney, you do not need to file this page.** /s/ Christine Michelle Kuhlman

Signature of Attorney for Debtor

Date

Date: 02/17/2017

MM / DD / YYYY

**Christine Michelle Kuhlman**

Printed name

Geraci Law L.L.C.

Firm name

55 E. Monroe St., #3400

Number Street

Chicago

City

IL

60603

State

ZIP Code

Contact Phone 312-332-1800Email address ndil@geracilaw.com

6303768

Bar number

IL

State

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1:** Summarize Your Assets

**Your assets**  
Value of what you own

1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ 0
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ 4,618
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ 4,618

**Part 2:** Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$0
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$449,443

**Part 3:** Summarize Your Liabilities

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$2,525.60
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$2,500.00

Debtor 1 Rodney

Carroll

Document

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 4:****Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapter 7, 11 or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,689.38

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 of Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the : NORTHERN District of ILLINOIS  
(State)Case Number \_\_\_\_\_  
(If known) Check if this is an  
amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

01. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

 No. Yes. Describe.....

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... --> **\$0.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**03. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles** No. Yes. Describe.....Make: Buick**Who has an interest in the property?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another

Other information:

 Check if this is community property (see  
instructions)Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on *Schedule D:  
Creditors Who Have Claims Secured by Property***Current value of the  
entire property?      Current value of the  
portion you own?**\$ 1,055.00      \$ 1,055.00Make: Pontiac**Who has an interest in the property?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another

Other information:

 Check if this is community property (see  
instructions)Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on *Schedule D:  
Creditors Who Have Claims Secured by Property***Current value of the  
entire property?      Current value of the  
portion you own?**\$ 1,200.00      \$ 1,200.00**04. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No. Yes. Describe.....

5. Add the dollar value of the portion you own for all of your entries fro Part 2, including any entries for pages

you have attached for Part 2. Write that number here ..... --&gt;

**\$ 2,255.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the**

**portion you own?**

Do not deduct secured claims  
or exemptions

**06. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No.

Yes. Describe.....

Furniture, linens, small appliances, table & chairs, bedroom set	\$300	\$ 300.00
--	-------	-----------

**07. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No.

Yes. Describe.....

Flat screen TV, computer, printer, music collection, cell phone	\$200	\$ 200.00
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**08. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No.

Yes. Describe.....

	\$ 0.00
--	---------

**09. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No.

Yes. Describe.....

	\$ 0.00
--	---------

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No.

Yes. Describe.....

	\$ 0.00
--	---------

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No.

Yes. Describe.....

Everyday Clothes, shoes, accessories	\$100	\$ 100.00
--------------------------------------	-------	-----------

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No.

Yes. Describe.....

Everyday jewelry	\$100	\$ 100.00
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**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No.

Yes. Describe.....

1 cat	\$0	\$ 0.00
-------	-----	---------

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No.

Yes. Describe.....

	\$ 0.00
--	---------

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached**

for Part 3. Write that number here .....

-->

\$700.00
----------

First Name: Rodney Middle Name: Carroll Last Name: Shelton Case Number (if known)

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No.

Yes. Describe.....

\$ 0.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No.

Yes. Describe.....

Account Type: Institution name:

Other financial account Prepaid Debit

\$ 5.00

Other financial account Prepaid Debit

\$ 8.00

\$ 13.00

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No.

Yes. Describe.....

Institution or issuer name:

\$ 0.00

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in**

No.

Yes. Describe.....

Name of Entity and Percent of Ownership:

\$ 0.00

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No.

Yes. Describe.....

Issuer name:

\$ 0.00

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No.

Yes. Describe.....

Type of account and Institution name:

\$ 0.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications

No.

Yes. Describe.....

Institution name or individual:

Security deposit on rental unit

Landlord

\$ 650.00

\$ 650.00

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No.

Yes. Describe.....

Issuer name and description:

\$ 0.00

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No.

Yes. Describe.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ 0.00

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers**

No.

Yes. Describe.....

Yes. Describe.....

\$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No.

Yes. Describe.....

Yes. Describe.....

\$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No.

Yes. Describe.....

\$ 0.00

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

**28. Tax refunds owed to you**

No.

Yes. Describe.....

Anticipated 2016 tax refund \$1,000

\$ 1,000.00

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No.

Yes. Describe.....

0.00

\$ 0.00

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No.

Yes. Describe.....

0.00

\$ 0.00

**31. Interest in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No.

Company Name & Beneficiary:

Yes. Describe.....

0.00

\$ 0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No.

Yes. Describe.....

0.00

\$ 0.00

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No.

Yes. Describe.....

0.00

\$ 0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights**

No.

Yes. Describe.....

Possible Medical Malpractice against Mercy Provena Hospital in Aurora; arises from scarred pancreas-liver tube while under operation for a gallbladder removal; no attorney retained

\$ 0.00

**35. Any financial assets you did not already list**

No.

Yes. Describe.....

0.00

\$ 0.00

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached**

for Part 4. Write that number here ..... -->

\$1,663.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No.

Yes.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

38. Accounts receivable or commissions you already earned

No.

Yes. Describe.....

\$ 0.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No.

Yes. Describe.....

\$ 0.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No.

Yes. Describe.....

\$ 0.00

41. Inventory

No.

Yes. Describe.....

\$ 0.00

42. Interests in partnerships or joint ventures

No. Name of Entity and Percent of Ownership:

Yes. Describe.....

\$ 0.00

43. Customer lists, mailing lists, or other compilations

No.

Yes. Describe.....

\$ 0.00

44. Any business-related property you did not already list

No.

Yes. Describe.....

\$ 0.00

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached

for Part 5. Write that number here .....

-->

\$ 0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No.

Yes. Describe.....

\$ 0.00

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No.

Yes. Describe.....

\$ 0.00

48. Crops—either growing or harvested

No.

Yes. Describe.....

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No.

Yes. Describe.....

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed

No.

Yes. Describe.....

\$ 0.00

## 51. Any farm- and commercial fishing-related property you did not already list

 No. Yes. Describe....\$ 0.00

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

for Part 6. Write that number here .....

\$0.00**Part 7:****Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No. Yes. Describe....\$ 0.00

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00**Part 8:****List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2

\$ 0.00

56. Part 2: Total vehicles, line 5

\$ 2,255.00

57. Part 3: Total personal and household items, line 15

\$ 700.00

58. Part 4: Total financial assets, line 36

\$ 1,663.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

\$ 0.00

62. Total personal property. Add lines 56 through 61. ....

\$ 4,618.00\$ 4,618.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

**\$4,618.00**

**Fill in this information to identify your case:**

Check if this is an  
amended filing

Official Form 106C

## **Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. **Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description:  Line from Schedule A/B:	1999 Buick Century with over 130,000 miles.  03	\$ 1,055	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b) - \$1,055.00  _____
Brief description:  Line from Schedule A/B:	1979 Pontiac Firebird with over 100,000 miles.  03	\$ 1,200	<input type="checkbox"/> \$ 2,400  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c) - \$2,400.00  _____
Brief description:  Line from Schedule A/B:	Furniture, linens, small appliances, table & chairs, bedroom set  06	\$ 300	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b) - \$300.00  _____
Brief description:  Line from Schedule A/B:	Flat screen TV, computer, printer, music collection, cell phone  07	\$ 200	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b) - \$200.00  _____

Debtor 1 Rodney

Carroll

Shelton

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Case Number

(if known)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B				<i>Check only one box for each exemption</i>
Brief description:	Everyday Clothes, shoes, accessories	\$ 100	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(a),(e) - \$100.00
Line from Schedule A/B:	11		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Everyday jewelry	\$ 100	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(a),(e) - \$100.00
Line from Schedule A/B:	12		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Other financial account, Prepaid Debit, 5.00	\$ 5	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(b) - \$5.00
Line from Schedule A/B:	17		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Other financial account, Prepaid Debit, 8.00	\$ 8	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(b) - \$8.00
Line from Schedule A/B:	17		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Security deposit on rental unit, Landlord, 650.00	\$ 650	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(b) - \$650.00
Line from Schedule A/B:	22		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Anticipated 2016 tax refund	\$ 1,000	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1001(b) - \$1,000.00
Line from Schedule A/B:	28		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description:	Possible Medical Malpractice against Mercy Provena Hospital in Aurora; arises from scarred pancreas-liver tube while under	\$ Unknown	<input type="checkbox"/> \$ 7,500	735 ILCS 5/12-1001(h)(4) - \$7,500.00
Line from Schedule A/B:	34		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

**3. Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

 No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes.

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an  
amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1:	List All Secured Claims	Column A	Column A	Column C
		Amount of claim	Value of collateral that supports this claim	Unsecured portion If any
2.	List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors name.			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

## Official Form 106E/F

12/15

### Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims.

List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim
\$ 1,180.00

4.1 A R C Dekalb LLC

Last 4 digits of account number \_\_\_\_\_

Total claim
\$ 1,180.00

Creditor's Name  
520 E 22nd Street

Number Street

When was the debt incurred? 2015

Lombard IL 60148  
City State Zip Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No  
 Yes

Other. Specify \_\_\_\_\_

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.2	Advanced Gastroenterology	Last 4 digits of account number	\$ 381.00
Creditor's Name 759 John Street Number Street Suite C  Yorkville IL 60560 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____			
4.3	Advocate Sherman Hospital	Last 4 digits of account number	\$ 6,850.00
Creditor's Name 35134 Eagle Way Number Street  Chicago IL 60678 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____			
4.4	Anesthesia Associates	Last 4 digits of account number	\$ 125.00
Creditor's Name PO Box 686 Number Street  DeKalb IL 60115 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____			

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.5	Apollo Hospitalist Group LLC	Last 4 digits of account number	\$ 200.00
Creditor's Name 25 Tesler Rd #1057		When was the debt incurred? 2014	
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Lake Zurich IL 60047		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who owes the debt? Check one.		<input type="checkbox"/> Other. Specify _____	
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
4.6	Associate Pathologists of Joliet, LTD	Last 4 digits of account number	\$ 73.00
Creditor's Name 39784 Treasury Center		When was the debt incurred? 2015	
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Chicago IL 60694		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who owes the debt? Check one.		<input type="checkbox"/> Other. Specify _____	
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
4.7	ATG Credit	Last 4 digits of account number	\$ 38.00
Creditor's Name 1700 W Cortland St Ste 2		When was the debt incurred? 2010-2010	
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Chicago IL 60622		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Who owes the debt? Check one.		<input type="checkbox"/> Other. Specify Medical Debt	
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.8	ATG Credit	Last 4 digits of account number	2111	\$ 64.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	ATG Credit	Last 4 digits of account number	6894	\$ 104.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.10	ATG Credit	Last 4 digits of account number	8305	\$ 114.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.11	ATG Credit	Last 4 digits of account number	3497	\$ 230.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	ATG Credit	Last 4 digits of account number	2511	\$ 486.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.13	ATG Credit	Last 4 digits of account number	8310	\$ 500.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

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Shelton

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.14	ATG Credit	Last 4 digits of account number	5462	\$ 526.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.15	ATG Credit	Last 4 digits of account number	4443	\$ 529.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.16	ATG Credit	Last 4 digits of account number	8311	\$ 589.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

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Case Number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.17	ATG Credit	Last 4 digits of account number	8306	\$ 746.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.18	ATG Credit	Last 4 digits of account number	9796	\$ 816.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.19	ATG Credit	Last 4 digits of account number	8312	\$ 879.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.20	ATG Credit	Last 4 digits of account number	8313	\$ 879.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.21	ATG Credit	Last 4 digits of account number	8307	\$ 1,050.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.22	ATG Credit	Last 4 digits of account number	8308	\$ 1,536.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.23	ATG Credit	Last 4 digits of account number	8309	\$ 1,592.00
Creditor's Name 1700 W Cortland St Ste 2				
Number Street				
Chicago IL 60622				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.24	Aurora Emergency Associates	Last 4 digits of account number	_____	\$ 4,928.00
Creditor's Name PO Box 740023				
Number Street				
Cincinnati OH 45274				
City State Zip Code				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.25	Aurora Radiology Consultants	Last 4 digits of account number	_____	\$ 79.00
Creditor's Name PO Box 5922				
Number Street				
Carol Stream IL 60197				
City State Zip Code				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 Rodney

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.26	Aurora Radiology Consultants Dekalb	Last 4 digits of account number _____	\$ 1,922.00
Creditor's Name PO Box 5922		When was the debt incurred? _____	2016
Number Street  Carol Stream IL 60197 City State Zip Code		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	
4.27	Cadence Health	Last 4 digits of account number _____	\$ 75,302.00
Creditor's Name 25 North Winfield Rd		When was the debt incurred? _____	2014
Number Street  Winfield IL 60190 City State Zip Code		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	
4.28	Capital One	Last 4 digits of account number _____	\$ 35.00
Creditor's Name Po Box 5253		When was the debt incurred? _____	2007-2007
Number Street  Carol Stream IL 60197 City State Zip Code		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input type="checkbox"/> Other. Specify _____	

Debtor 1 Rodney

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Shelton

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.29	Cash Net USA Creditor's Name PO Box 643990 Number Street  Cincinnati OH 46264 City State Zip Code	Last 4 digits of account number _____	\$ 647.00
	<b>Who owes the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Check if this claim relates to a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.30	Central DuPage Hospital Creditor's Name PO Box 4090 Number Street  Carol Stream IL 60197 City State Zip Code	Last 4 digits of account number _____	\$ 624.00
	<b>Who owes the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Check if this claim relates to a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.31	City of Dekalb Creditor's Name PO Box 457 Number Street  Wheeling IL 60090 City State Zip Code	Last 4 digits of account number _____	\$ 550.00
	<b>Who owes the debt?</b> Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Check if this claim relates to a community debt</b>	<input type="checkbox"/>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Case Number (if known) \_\_\_\_\_

First Name

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.32	City of Elgin Creditor's Name PO Box 457 Number Street  Wheeling IL 60090 City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	\$ 951.00
4.33	City of Saint Charles Utility Dept. Creditor's Name 2 E Main Street Number Street  Saint Charles IL 60174 City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	\$ 442.00
4.34	CITY OF St.Charles Utility DEP Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 4313  When was the debt incurred? 2014-2014  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Collecting for Creditor	\$ 441.00

Debtor 1 Rodney

Carroll

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Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.35	City of Sycamore _____ Creditor's Name 308 W State Street Number Street  Sycamore IL 60178 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2015-2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	\$ 5,625.00
4.36	Creditors Collection B Creditor's Name 755 Almar Pkwy Number Street  Bourbonnais IL 60914 City State Zip Code	Last 4 digits of account number 6740 When was the debt incurred? 2014-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt _____	\$ 175.00
4.37	Creditors Collection B Creditor's Name 755 Almar Pkwy Number Street  Bourbonnais IL 60914 City State Zip Code	Last 4 digits of account number 6741 When was the debt incurred? 2014-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt _____	\$ 185.00

Debtor 1 Rodney

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Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.38	Creditors Collection B Creditor's Name 755 Almar Pkwy Number Street  Bourbonnais IL 60914 City State Zip Code	Last 4 digits of account number 3680 When was the debt incurred? 2012-2013  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 294.00
4.39	Creditors Collection B Creditor's Name 755 Almar Pkwy Number Street  Bourbonnais IL 60914 City State Zip Code	Last 4 digits of account number 4166 When was the debt incurred? 2012-2013  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 294.00
4.40	Creditors Discount & A Creditor's Name 415 E Main St Number Street  Streator IL 61364 City State Zip Code	Last 4 digits of account number 8370 When was the debt incurred? 2015-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 77.00

Debtor 1 Rodney

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Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.41	Creditors Discount & A	Last 4 digits of account number	6102	\$ 321.00
Creditor's Name 415 E Main St		When was the debt incurred?		2015-2015
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Streator IL 61364		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify	Medical Debt	
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.42	Creditors Discount & A	Last 4 digits of account number	3150	\$ 325.00
Creditor's Name 415 E Main St		When was the debt incurred?		2014-2015
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Streator IL 61364		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify	Medical Debt	
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.43	Creditors Discount & A	Last 4 digits of account number	7048	\$ 393.00
Creditor's Name 415 E Main St		When was the debt incurred?		2014-2014
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Streator IL 61364		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify	Medical Debt	
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Rodney

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.44	Creditors Discount & A Creditor's Name 415 E Main St Number Street  Streator IL 61364 City State Zip Code	Last 4 digits of account number 0863 When was the debt incurred? 2014-2014  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 394.00
4.45	Creditors Discount & Audit Co. Creditor's Name PO Box 1007 Number Street  Bloomington IL 61702-1007 City State Zip Code	Last 4 digits of account number When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Debt Owed	\$ 2,889.00
4.46	David Manuel MD Creditor's Name 3251 Commerce Drive Suite D Number Street  DeKalb IL 60115 City State Zip Code	Last 4 digits of account number When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify	\$ 320.00

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.47	Delnor Community Hospital	Last 4 digits of account number	\$ 454.00
Creditor's Name 300 Randall Rd. Number Street  Geneva IL 60134 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.48	Dr. Algimantas Kerpe	Last 4 digits of account number	\$ 0.00
Creditor's Name 2172 Blackberry Drive Number Street Ste 204			
Geneva IL 60134 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.49	Elgin Gastroenterology	Last 4 digits of account number	\$ 800.00
Creditor's Name PO Box 7630 Number Street  Gurnee IL 60031 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.50	Elgin Lab Physicians	Last 4 digits of account number	\$ 3,370.00
Creditor's Name PO Box 1509		When was the debt incurred?	
Number Street		2016	
Elgin IL 60121		As of the date you file, the claim is: Check all that apply.	
City State Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.51	Empact Emergency Phys LLC	Last 4 digits of account number	\$ 1,498.00
Creditor's Name PO Box 366		When was the debt incurred?	
Number Street		2015	
Hinsdale IL 60522		As of the date you file, the claim is: Check all that apply.	
City State Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.52	Fox River & Countryside Fire	Last 4 digits of account number	\$ 923.00
Creditor's Name PO Box 88850		When was the debt incurred?	
Number Street		2015	
Carol Stream IL 60188		As of the date you file, the claim is: Check all that apply.	
City State Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Rodney

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.53	Gastroenterology Group Practice	Last 4 digits of account number	\$ 197.00
Creditor's Name PO Box 3134 Number Street  Carol Stream IL 60132 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.54	Greater Elgin Pain Management Consultants	Last 4 digits of account number	\$ 475.00
Creditor's Name Department 4423 Number Street  Carol Stream IL 60122 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.55	H & R Accounts INC	Last 4 digits of account number	\$ 907.00
Creditor's Name 7017 John Deere Pkwy Number Street  Moline IL 61265 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.56	H & R Accounts INC Creditor's Name 7017 John Deere Pkwy Number Street  Moline IL 61265 City State Zip Code	Last 4 digits of account number 9302 When was the debt incurred? 2015-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 1,184.00
4.57	HSBC Creditor's Name PO Box 5253 Number Street  Carol Stream IL 60197 City State Zip Code	Last 4 digits of account number When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 622.00
4.58	Illinois Collection SE Creditor's Name 8231 185Th St Ste 100 Number Street  Tinley Park IL 60487 City State Zip Code	Last 4 digits of account number 8417 When was the debt incurred? 2015-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 158.00

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.59	Illinois Collection SE Creditor's Name 8231 185Th St Ste 100 Number Street  Tinley Park IL 60487 City State Zip Code	Last 4 digits of account number 7340 When was the debt incurred? 2014-2014  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 215.00
4.60	Illinois Collection SE Creditor's Name 8231 185Th St Ste 100 Number Street  Tinley Park IL 60487 City State Zip Code	Last 4 digits of account number 1180 When was the debt incurred? 2016-2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 3,002.00
4.61	Illinois Collection SE Creditor's Name 8231 185Th St Ste 100 Number Street  Tinley Park IL 60487 City State Zip Code	Last 4 digits of account number 2459 When was the debt incurred? 2016-2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 3,749.00

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.62	Illinois Gastroenterology Group	Last 4 digits of account number	\$ 999.00
Creditor's Name <u>20 Tower Ct Ste C</u> Number Street <u> </u> Gurnee IL 60031 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.63	In Step Behavioral Health SC	Last 4 digits of account number	\$ 300.00
Creditor's Name <u>PO Box 3185</u> Number Street <u> </u> Carol Stream IL 60132 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.64	Inpatient Consultants of Illinois	Last 4 digits of account number	\$ 811.00
Creditor's Name <u>PO Box 844918</u> Number Street <u> </u> Los Angeles CA 90084 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.65	Kane Anesthesia Assoc	Last 4 digits of account number	\$ 1,089.00
Creditor's Name <u>34536 Eagle Way</u> Number Street <u>Chicago</u> <u>IL</u> <u>60678</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.66	Keynote Consulting	Last 4 digits of account number	\$ 433.00
Creditor's Name <u>220 W Campus Dr Ste 102</u> Number Street <u>Arlington Heights</u> <u>IL</u> <u>60004</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.67	Kishwaukee Hospital	Last 4 digits of account number	\$ 23,572.00
Creditor's Name <u>PO Box 739</u> Number Street <u>Moline</u> <u>IL</u> <u>61266</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

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## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.68	Laboratory Physicians	Last 4 digits of account number	\$ 990.00
Creditor's Name PO Box 10200 Number Street  Peoria IL 61612 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____			
4.69	MBB	Last 4 digits of account number	\$ 81.00
Creditor's Name 1460 Renaissance Dr Number Street  Park Ridge IL 60068 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____ Medical Debt			
4.70	MBB	Last 4 digits of account number	\$ 86.00
Creditor's Name 1460 Renaissance Dr Number Street  Park Ridge IL 60068 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____ Medical Debt			

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.71	MBB	Last 4 digits of account number	6950	\$ 120.00
Creditor's Name 1460 Renaissance Dr				
Number Street				
Park Ridge IL 60068 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.72	MBB	Last 4 digits of account number	0807	\$ 475.00
Creditor's Name 1460 Renaissance Dr				
Number Street				
Park Ridge IL 60068 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.73	MBB	Last 4 digits of account number	8814	\$ 805.00
Creditor's Name 1460 Renaissance Dr				
Number Street				
Park Ridge IL 60068 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical Debt</u>				

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.74	MBB	Last 4 digits of account number	1070	\$ 885.00
Creditor's Name 1460 Renaissance Dr				
Number Street				
Park Ridge IL 60068 City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.75	MBB	Last 4 digits of account number	1071	\$ 1,186.00
Creditor's Name 1460 Renaissance Dr				
Number Street				
Park Ridge IL 60068 City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.76	MRSI	Last 4 digits of account number	3068	\$ 1,164.00
Creditor's Name 2250 E Devon Ave Ste 352				
Number Street				
Des Plaines IL 60018 City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.77	MRSI	Last 4 digits of account number	3067	\$ 1,708.00
Creditor's Name 2250 E Devon Ave Ste 352				
Number Street				
Des Plaines IL 60018				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.78	MRSI	Last 4 digits of account number	3155	\$ 4,544.00
Creditor's Name 2250 E Devon Ave Ste 352				
Number Street				
Des Plaines IL 60018				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.79	MRSI	Last 4 digits of account number	9383	\$ 6,102.00
Creditor's Name 2250 E Devon Ave Ste 352				
Number Street				
Des Plaines IL 60018				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.80	Nicor Gas Creditor's Name PO Box 549 Number Street  Aurora IL 60507 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Utility Bills/Cellular Service	\$ 4,100.00
4.81	Northwest Collectors Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 7530 When was the debt incurred? 2014-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 527.00
4.82	Northwest Collectors Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 2949 When was the debt incurred? 2015-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 800.00

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.83	Northwest Collectors Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 3130 When was the debt incurred? 2015-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 1,575.00
4.84	Northwest Collectors Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 7389 When was the debt incurred? 2014-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 1,869.00
4.85	Northwest Collectors Creditor's Name 3601 Algonquin Rd Ste 23 Number Street  Rolling Meadows IL 60008 City State Zip Code	Last 4 digits of account number 7357 When was the debt incurred? 2014-2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 11,023.00

Debtor 1 Rodney

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Shelton

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.86	Northwestern Medicine	Last 4 digits of account number _____	\$ 23,281.00
Creditor's Name PO Box 4090		When was the debt incurred? _____	
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Carol Stream IL 60197		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State Zip Code		Type of NONPRIORITY unsecured claim:	
Who owes the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.87	Northwestern Mem. Phys. Group	Last 4 digits of account number _____	\$ 3,593.00
Creditor's Name 75 Remittance Dr., #1293		When was the debt incurred? 2016	
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Chicago IL 60675		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State Zip Code		Type of NONPRIORITY unsecured claim:	
Who owes the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Other. Specify Medical/Dental Services _____	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.88	OSF Healthcare System	Last 4 digits of account number _____	\$ 3,282.00
Creditor's Name 7978 Solution Center		When was the debt incurred? 2016	
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Chicago IL 60677		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State Zip Code		Type of NONPRIORITY unsecured claim:	
Who owes the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.89	Pathology Associates of Aurora, LLC	Last 4 digits of account number _____	\$ 76.00
Creditor's Name 5700 Southwyck Blvd		When was the debt incurred? _____	2015
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Toledo OH 43614		<input type="checkbox"/> Contingent	
City State Zip Code		<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
<input type="checkbox"/> At least one of the debtors and another		that you did not report as priority claims	
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input type="checkbox"/> Other. Specify _____	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.90	Pathology Consultants, SC	Last 4 digits of account number _____	\$ 486.00
Creditor's Name 8594 Solutions Center		When was the debt incurred? _____	2016
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Chicago IL 60677		<input type="checkbox"/> Contingent	
City State Zip Code		<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
<input type="checkbox"/> At least one of the debtors and another		that you did not report as priority claims	
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input type="checkbox"/> Other. Specify _____	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.91	Presence Health	Last 4 digits of account number _____	\$ 13,460.00
Creditor's Name 62314 Collections Center Dr.		When was the debt incurred? _____	2016
Number Street _____		As of the date you file, the claim is: Check all that apply.	
Chicago IL 60693		<input type="checkbox"/> Contingent	
City State Zip Code		<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce	
<input type="checkbox"/> At least one of the debtors and another		that you did not report as priority claims	
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input type="checkbox"/> Other. Specify _____	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

4.92	Presence Mercy Medical Center	Last 4 digits of account number	\$ 41,880.00
Creditor's Name 32817 Collection Center Dr. Number Street _____ Chicago IL 60693 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.93	Presence St. Joseph Hospital	Last 4 digits of account number	\$ 3,749.00
Creditor's Name 707 N Airlite St Number Street _____ Elgin IL 60123 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.94	Provena	Last 4 digits of account number	\$ 216.00
Creditor's Name 500 West Court Number Street _____ Kankakee IL 60901 City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

Debtor 1 Rodney

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Case Number (if known)

## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.95	RRCA ACCT MGMT	Last 4 digits of account number	18N1	\$ 549.00
Creditor's Name 201 E 3Rd St		When was the debt incurred?		
Number Street		2015-2015		
Sterling IL 61081				
City State Zip Code				
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.96	Rush Copley Medical Center	Last 4 digits of account number	\$ 14,799.00	
Creditor's Name 2000 Ogden Avenue		When was the debt incurred?		
Number Street				
Aurora IL 60504				
City State Zip Code				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.97	Rush Copley Medical Center	Last 4 digits of account number	\$ 18,843.47	
Creditor's Name 2000 Ogden Avenue		When was the debt incurred?		
Number Street				
Aurora IL 60504				
City State Zip Code				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.98	Rush Copley Medical Center	Last 4 digits of account number	\$ 110,492.00
Creditor's Name <u>2000 Ogden Avenue</u> Number Street <u>Aurora IL 60504</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>			
4.99	S E Livingston Co Ambulance Sv	Last 4 digits of account number	\$ 750.00
Creditor's Name <u>311 E Chestnut St</u> Number Street <u>Fairbury IL 61739</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u> </u>			
4.100	State Collection Servi	Last 4 digits of account number	\$ 76.00
Creditor's Name <u>2509 S Stoughton Rd</u> Number Street <u>Madison WI 53716</u> City State Zip Code			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical Debt</u>			

Debtor 1 Rodney

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.101	State Collection Servi Creditor's Name 2509 S Stoughton Rd Number Street  Madison WI 53716 City State Zip Code	Last 4 digits of account number 7949 When was the debt incurred? 2016-2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify Medical Debt	\$ 3,281.00
4.102	Sycamore Fire Ambulance Service Creditor's Name PO Box 1029 Number Street  DeKalb IL 60115 City State Zip Code	Last 4 digits of account number When was the debt incurred? 2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify	\$ 453.00
4.103	Sycamore Fire Dept Creditor's Name PO Box 457 Number Street  Wheeling IL 60090 City State Zip Code	Last 4 digits of account number When was the debt incurred? 2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify	\$ 581.00

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## Part 2:

## Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.104	Tri City Ambulance	Last 4 digits of account number	\$ 1,575.00
Creditor's Name PO Box 457		When was the debt incurred?	2014
Number	Street	As of the date you file, the claim is: Check all that apply.	
Wheeling IL 60090		<input type="checkbox"/> Contingent	
City	State Zip Code	<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
4.105	Tri City Radiology SC	Last 4 digits of account number	\$ 2,257.00
Creditor's Name 9410 Compubill Drive		When was the debt incurred?	2016
Number	Street	As of the date you file, the claim is: Check all that apply.	
Orland Park IL 60462		<input type="checkbox"/> Contingent	
City	State Zip Code	<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
4.106	United Anesthesia Associates	Last 4 digits of account number	\$ 82.00
Creditor's Name PO Box 631		When was the debt incurred?	2016
Number	Street	As of the date you file, the claim is: Check all that apply.	
Lake Forest IL 60045		<input type="checkbox"/> Contingent	
City	State Zip Code	<input type="checkbox"/> Unliquidated	
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.107	Valley Emergency Care Management	Last 4 digits of account number	\$ 4,756.00
Creditor's Name PO Box 9367 Number Street  Daytona Beach FL 32120 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.108	Valley Imaging Consultants	Last 4 digits of account number	\$ 486.00
Creditor's Name PO Box 371863 Number Street  Pittsburgh PA 15250 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.109	Valley Medical & Cardiac Clinic	Last 4 digits of account number	\$ 35.00
Creditor's Name 700 Spirit of St Louis Blvd Ste B Number Street  Wildwood MO 63005 City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Rodney Carroll

Shelton

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

\$ 907.00

4.110 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Creditor's Name \_\_\_\_\_

830 E Platte Ave \_\_\_\_\_

Number Street \_\_\_\_\_

Fort Morgan CO 80701

City State Zip Code \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim relates to a  
community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_ Z5RQ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_ 2016-2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce  
that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_ Medical Debt

Debtor 1 Rodney

Carroll

Shelton

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 3:****List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

HRRG

On which entry in Part 1 or Part 2 list the original creditor?

Line 24 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
PO Box 8486

Number Street

Coral Springs FL 33075

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

National Credit Adjusters

On which entry in Part 1 or Part 2 list the original creditor?

Line 29 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
PO Box 3023

Number Street  
327 W. 4th Street

Hutchinson KS 67504

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

RRCA Accounts Management, Inc.

On which entry in Part 1 or Part 2 list the original creditor?

Line 31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
201 E. 3rd St.

Number Street

Sterling IL 61081

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Northwest Collectors

On which entry in Part 1 or Part 2 list the original creditor?

Line 33 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
3601 Algonquin Rd., Ste. 500

Number Street

Rolling Meadows IL 60008-310

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Nationwide Credit &amp; Collection

On which entry in Part 1 or Part 2 list the original creditor?

Line 48 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
815 Commerce Dr., Ste. 100

Number Street

Oak Brook IL 60523

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Wakefield &amp; Associates, Inc.

On which entry in Part 1 or Part 2 list the original creditor?

Line 52 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name  
PO Box 58

Number Street  
830 E Platte Ave Unit A

Fort Morgan CO 80701

City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Rodney

Carroll

Shelton

First Name

Middle Name

Last Name

Portfolio Recovery Assoc.

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

120 Corporate Blvd., Ste. 100

Number Street

Norfolk VA 23502

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

Keynote Consulting

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

220 W Campus Drive # 102

Number Street

Arlington Heights IL 60004

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

Financial Corporation of America

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

PO Box 203500

Number Street

Austin TX 78720

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

R&amp;B Solutions

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

860 Northpoint Blvd

Number Street

Waukegan IL 60085

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

Nationwide Credit &amp; Collection

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

815 Commerce Dr., Ste. 100

Number Street

Oak Brook IL 60523

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

State Collection Service

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

PO Box 6250

Number Street

Madison WI 53716-0251

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

MiraMed Revenue Group LLC

On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

991 Oak Creek Dr.

Number Street

Lombard IL 60148

Last 4 digits of account number \_\_\_\_\_

City State Zip Code

Debtor 1 Rodney

Carroll

Shelton

First Name

Middle Name

Last Name

ICS/Illinois Collection Serv.

## On which entry in Part 1 or Part 2 list the original creditor?

Line 93 of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsName  
8231 W. 185th Street

Number Street

Tinley Park IL 60487  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

DeKalb County Circuit Clerk

## On which entry in Part 1 or Part 2 list the original creditor?

Line 97 of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsName  
133 W State St.

Number Street

Sycamore IL 60178  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Thomas St. Jules

## On which entry in Part 1 or Part 2 list the original creditor?

Line 97 of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsAurora IL 60506  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Dreyer, Foote, Streit, Furgason &amp; Slocum

## On which entry in Part 1 or Part 2 list the original creditor?

Line 98 of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsName  
1999 West Downer Place

Number Street

Aurora IL 60506  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Northwest Collectors

## On which entry in Part 1 or Part 2 list the original creditor?

Line 104 of (Check one):

 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsName  
3601 Algonquin Rd., Ste. 500

Number Street

Rolling Meadows IL 60008-310  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

## Part 4:

## Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ _____ 0.00
	<b>6b. Taxes and Certain other debts you owe the government</b>	6b. \$ _____ 0.00
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ _____ 0.00
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ _____ 0.00
	<b>6e. Total.</b> Add lines 6a through 6d.	6e. \$ _____ 0.00
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ _____ 0.00
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ _____ 0.00
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ _____ 0.00
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ _____ 449,443.47
	<b>6j. Total.</b> Add lines 6f through 6i.	6j. \$ _____ 449,443.47

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed in *Schedule A/B: Property* (Official Form 106A/B)

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease		State what the contract or lease is for	
2.1	Name _____ Number      Street _____ City              State      Zip Code _____			
2.2	Name _____ Number      Street _____ City              State      Zip Code _____			
2.3	Name _____ Number      Street _____ City              State      Zip Code _____			
2.4	Name _____ Number      Street _____ City              State      Zip Code _____			
2.5	Name _____ Number      Street _____ City              State      Zip Code _____			

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
	(Spouse, if filing)	First Name	Middle Name
			Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No.  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. Inwhich community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 \_\_\_\_\_  
Name

Schedule D, line \_\_\_\_\_

Number Street

Schedule E/F, line \_\_\_\_\_

City State Zip Code

Schedule G, line \_\_\_\_\_

3.2 \_\_\_\_\_  
Name

Schedule D, line \_\_\_\_\_

Number Street

Schedule E/F, line \_\_\_\_\_

City State Zip Code

Schedule G, line \_\_\_\_\_

3.3 \_\_\_\_\_  
Name

Schedule D, line \_\_\_\_\_

Number Street

Schedule E/F, line \_\_\_\_\_

City State Zip Code

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the : NORTHERN DISTRICT OF ILLINOIS

Case Number \_\_\_\_\_  
(If known)

Check if this is:

An amended filing  
 A supplement showing post-petition  
 chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

#### Debtor 1

Employed  
 Not employed

#### Debtor 2 or non-filing spouse

Employed  
 Not employed

#### Occupation

\_\_\_\_\_

Housekeeping Supervisor

#### Employer's name

\_\_\_\_\_

Hostmark Hospitality Group

#### Employer's address

\_\_\_\_\_

1300 E Woodfield Road, Ste 400

\_\_\_\_\_

Schaumburg, IL 60173

\_\_\_\_\_

Since 11/1/2016

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

#### For Debtor 1

\$0.00

#### For Debtor 2 or non-filing spouse

\$3,689.38

2. List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

\$0.00

\$3,689.38

3. Estimate and list monthly overtime pay.

\$0.00

\$0.00

4. Calculate gross income. Add line 2 + line 3.

**\$0.00**

**\$3,689.38**

Debtor 1

Rodney

Carroll

Document  
Shelton

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here .....</b>	<b>4. \$0.00</b>	<b>\$3,689.38</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$663.12
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$500.66
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. \$0.00	\$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6. \$0.00</b>	<b>\$1,163.78</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$0.00</b>	<b>\$2,525.60</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$0.00	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$0.00	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive	8f. \$0.00	\$0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____		
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. \$0.00	\$0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>9. \$0.00</b>	<b>\$0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9.	10. <b>\$0.00</b>	+ <b>\$2,525.60</b> = <b>\$2,525.60</b>
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. <b>\$2,525.60</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		



Debtor 1 Rodney

Carroll

Shelton

First Name

Middle Name

Last Name

## Your expenses

5. Additional Mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$350.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, internet, satellite, and cable service	6c.	\$170.00
6d. Other. Specify: _____	6d.	\$ 0.00
7. Food and housekeeping supplies	7.	\$400.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$100.00
10. Personal care products and services	10.	\$90.00
11. Medical and dental expenses	11.	\$150.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$410.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$50.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$70.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: _____	17c.	\$0.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1 Rodney Carroll Shelton

First Name

Middle Name

Last Name

21. Other. Specify: Pet Care (\$60.00), \_\_\_\_\_

21. \_\_\_\_\_ \$60.00

22. Your monthly expense: Add lines 4 through 21.

22. \_\_\_\_\_ \$2,500.00

The result is your monthly expenses.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. \_\_\_\_\_

23a. \_\_\_\_\_ \$2,525.60

23b. Copy your monthly expenses from line 22 above. \_\_\_\_\_

23b. \_\_\_\_\_ \$2,500.00

23c. Subtract your monthly expenses from your monthly income. \_\_\_\_\_

23c. \_\_\_\_\_ \$25.60

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No Yes.

Explain Here:

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name

Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the : NORTHERN District of ILLINOIS  
(State)

Case Number \_\_\_\_\_  
(If known)

Check if this is an  
amended filing

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_.

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Rodney Carroll Shelton  
Signature of Debtor 1

**X** /s/ Chasity Star Shelton  
Signature of Debtor 2

Date 02/13/2017  
MM / DD / YYYY

Date 02/13/2017  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

01. What is your current marital status?

Married  
 Not married

02 During the last 3 years, have you lived anywhere other than where you live now?

No.  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

03 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No.  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Rodney Carroll Shelton Case Number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

04 Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No.

Yes. Fill in the details

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply		Sources of income Check all that apply	

From January 1 of current year until  
the date you filed for bankruptcy:

<input type="checkbox"/> Wages, commissions, bonuses, tips	_____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	5,534
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

For last calendar year:

(January 1 to December 31, 2016)

<input type="checkbox"/> Wages, commissions, bonuses, tips	_____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	42,919
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

For the calendar year before that:

(January 1 to December 31, 2015)

<input type="checkbox"/> Wages, commissions, bonuses, tips	_____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	32,740
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

05 Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No.

Yes. Fill in the details

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Describe below.		Sources of income Describe below.	

For last calendar year:

(January 1 to December 31, 2016)

Snowplowing	\$600	_____	_____
_____		_____	_____

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

Debtor 1 Rodney Carroll Shelton  
First Name Middle Name Last Name

Case Number (if known) \_\_\_\_\_

## 06 Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payments	Total amount paid	Amount you still owe	Was this payment for...
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## 07 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
------------------	-------------------	----------------------	-------------------------

## 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
------------------	-------------------	----------------------	--

**Part 4: Identify Legal actions, Repossessions, and Foreclosures**

## 09 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No.

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Rush Copley Medical Center Inc VS Rodney Shelton CASE NUMBER#16LM147	Collection DeKalb County Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 Rodney Carroll Shelton Case Number (if known) \_\_\_\_\_

First Name Middle Name Last Name

10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11  
 Yes. Fill in the information below.

11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No. Go to line 11  
 Yes. Fill in the information below.

12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No.  
 Yes.

**Part 5: List Certain Gifts and Contributions**

13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No.  
 Yes. Fill in the details for each gift.

14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No.  
 Yes. Fill in the details for each gift.

**Part 6: List Certain Losses**

15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No.  
 Yes. Fill in the details for each gift.

**Part 7: List Certain Payments or Transfers**

16 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No.  
 Yes. Fill in the details

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
Geraci Law L.L.C.			\$1,300.00
55 E. Monroe Street #3400			
Chicago, IL 60603			

Debtor 1 Rodney Carroll Shelton Case Number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
Hananwill Credit Counseling 115 N. Cross St. Robinson, IL 62454 _____	Credit Counseling Services	2017	\$25.00

17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No.  
 Yes. Fill in the details.

18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No.  
 Yes. Fill in the details for each gift.

19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No.  
 Yes. Fill in the details for each gift.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No.  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No.  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?

22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No.  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?

**Part 9: Identify Property You Hold or Control for Someone Else**

Debtor 1 Rodney Carroll Shelton  
First Name Middle Name Last Name

Case Number (if known) \_\_\_\_\_

23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No. Yes. Fill in the details.

Where is the property?	Describe the property	Value
------------------------	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No. Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

25 Have you notified any governmental unit of any release of hazardous material?

 No. Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No. Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
-----------------	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No. Yes. Fill in the details.

Date issued
-------------

Debtor 1 Rodney Carroll Shelton Case Number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 12: **Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rodney Carroll Shelton  
Signature of Debtor 1

/s/ Chasity Star Shelton  
Signature of Debtor 2

Date 02/13/2017  
MM / DD / YYYY

Date 02/13/2017  
MM / DD / YYYY

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Rodney	Carroll	Shelton
	First Name	Middle Name	Last Name
Debtor 2	Chasity	Star	Shelton
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an  
amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2:****List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 No Yes

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Rodney Carroll Shelton

Signature of Debtor 1

Date Dated: 02/13/2017  
MM / DD / YYYY**X** /s/ Chasity Star Shelton

Signature of Debtor 2

Date Dated: 02/13/2017  
MM / DD / YYYY

## United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rodney Carroll Shelton and Chasity Star Shelton /  
Debtors

Case No:

Chapter: Chapter 7

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<b>\$1,300.00</b>
Prior to the filing of this statement I have received	<b><u>\$1,300.00</u></b>
Balance Due	<b>\$0.00</b>

2. The source of the compensation paid to me was:

Debtor(s)  Other: (specify)

3. The source of compensation to be paid to me is:

Debtor(s)  Other: (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee does NOT include any work done post-filing.

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

Date: 02/17/2017

/s/ Christine Michelle Kuhlman

Date

*Signature of Attorney*

Geraci Law L.L.C.

*Name of law firm*

## **Retainer Agreement Chapter 7 - Pre-filing**

**Services before filing in Court:** I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$ 1,300.00 at \$ { 100 } today, \$ { 100 } per { 8, 23 } starting { 2/23 } and \$ { 100 } I will obtain from { Geraci Law L.L.C. } within 60 days of today. Bankruptcy is time-sensitive! I may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance:

**After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$ 995.00 & \$335 = \$ 1,330.00 total flat fee. We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.**

**The flat fee for pre-filing work pays for:** consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, emails, attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. **If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except:** missed section 341 meetings; amendments to schedules; adversary proceedings; any motion to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.

**Flat fee.** With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 - \$450/hour, and pay in advance a security retainer, which may cost you more, or less than a flat fee. **Advance Payment Retainer.** Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees.. You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.

**Termination.** If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. **Wisconsin:** We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.

**Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge: Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts.**

Date: 2/13/17

X X 2 Jay (

Chasity Shelton  
Chasity Shelton (Joint Debtor)

Attorney for the Debtor(s), Representing Geraci Law, L.L.C.

rev 161112

**UNITED STATES BANKRUPTCY COURT**

**NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION**

In re

**Rodney Carroll Shelton and Chasity Star Shelton / Debtors**

Bankruptcy Docket #:

Judge:

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Dated: 02/13/2017

**/s/ Rodney Carroll Shelton**

**Rodney Carroll Shelton**

**X Date & Sign**

Dated: 02/13/2017

**/s/ Chasity Star Shelton**

**Chasity Star Shelton**

**X Date & Sign**

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

**UNITED STATES BANKRUPTCY COURT****NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 02/13/2017

**/s/ Rodney Carroll Shelton**

**Rodney Carroll Shelton**

Dated: 02/13/2017

**/s/ Chasity Star Shelton**

**Chasity Star Shelton**

Dated: 02/17/2017

**/s/ Christine Michelle Kuhlman**

**Attorney: Christine Michelle Kuhlman**

Debtor 1 Rodney Carroll Shelton  
 First Name Middle Name Last Name

Case Number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. <b>What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts.		
17. <b>Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes.		
18. <b>How many creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. <b>How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
20. <b>How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

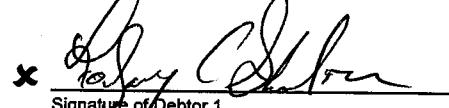
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

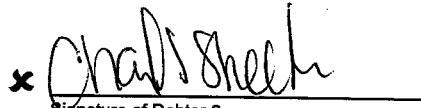
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
 X Rodney Carroll  
 Signature of Debtor 1

  
 X Charles Shelton  
 Signature of Debtor 2

Executed on 02/13/2017  
 MM / DD / YYYY

Executed on 2/13/2017  
 MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Rodney</u>	<u>Carroll</u>	<u>Shelton</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Chasity</u>	<u>Star</u>	<u>Shelton</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>			
(State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1619, and 3571.

Sign Below

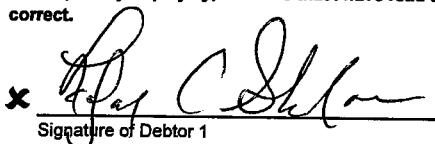
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

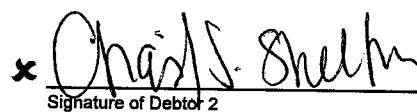
No

Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
x \_\_\_\_\_  
Signature of Debtor 1

  
x \_\_\_\_\_  
Signature of Debtor 2

Date 02/13/2017  
MM / DD / YYYY

Date 02/13/2017  
MM / DD / YYYY

Debtor 1 Rodney Carroll Shelton Case Number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No.  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

25 Have you notified any governmental unit of any release of hazardous material?

No.  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
-----------------	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

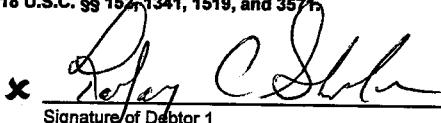
28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

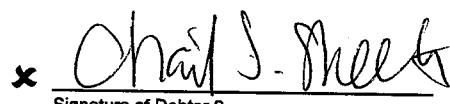
No.  
 Yes. Fill in the details.

Date issued \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

  
Signature of Debtor 2

Date 02/13/2017  
MM / DD / YYYY

Date 2/13/2017  
MM / DD / YYYY

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Debtor 1** **Rodney** **Carroll** **Shelton**  
First Name Middle Name Last Name

Case Number (if known)

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

206

Page 93

Date Dated: 01/15/20  
MM / DD / YYYY

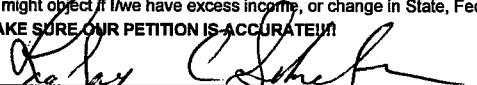
\* Chay S. Sheeta

Signature of Debtor 2

Date Dated: 2 /  
MM / DD / YYYY

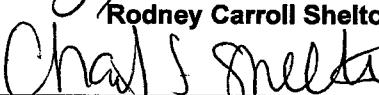
**DISCLAIMER Debtors have read and agree:**

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity** in connection with a separation agreement, divorce decree or court order are not dischargeable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. **DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS** are **NON-DISCHARGEABLE** if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits** are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support** are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS.** Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- Fines, traffic tickets, parking tickets, penalties to governmental unit** are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- Non filing spouse:** If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts.
- 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST** are not discharged.
- DEBTS where creditors successfully object to discharge** may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors, a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS** in a Chapter 13 continues to accrue, and **CREDITORS WHO DO NOT FILE CLAIMS** in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY.** If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS.** Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED** to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. **TRANSFERS OF PROPERTY** within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY** Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE** inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS** holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE:** We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together despite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS** to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs** if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!

Dated: 02/13/2017


\_\_\_\_\_  
Rodney Carroll Shelton

X Date &amp; Sign

Dated: 2/13/2017


\_\_\_\_\_  
Chasity Star Shelton

X Date &amp; Sign

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rodney Carroll Shelton and Chasity Star Shelton / Debtors

Bankruptcy Docket #:

Judge:

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

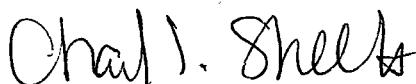
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 02/13/2017

  
Rodney Carroll Shelton

Date & Sign

Dated: 2/13/2017

  
Chasity Star Shelton

Date & Sign

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Debtor 1 Rodney Carroll Shelton  
 First Name Middle Name Last Name

Case Number (if known) \_\_\_\_\_

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

**8. Unemployment compensation**

**\$0.00** **\$0.00**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here.....

For you .....

For your spouse .....

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

**\$0.00** **\$0.00**

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \_\_\_\_\_

**\$0.00** **\$ 0.00**

10b. \_\_\_\_\_

**\$ 0.00** **\$0.00**

10c. Total amounts from separate pages, if any.

**\$0.00** **\$0.00**

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

**\$0.00** + **\$3,689.38** = **\$3,689.38**

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11..... **Copy line 11 here**

12a. **\$3,689.38**

Multiply by 12 (the number of months in a year).

**x 12**

12b. The result is your annual income for this part of the form.

12b. **\$44,272.56**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

IL
2

Fill in the number of people in your household.

13. **\$65,659.00**

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

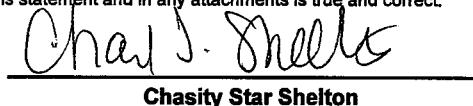
14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

  
 Rodney Carroll Shelton

  
 Chasity Star Shelton

Date: 02/13/2017

Date: 02/13/2017

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

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Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

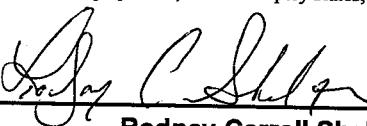
Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 02/13/2017

  
Rodney Carroll Shelton

Date & Sign

Dated: 02/13/2017

  
Chasity Star Shelton

Date & Sign

Dated: 02/13/2017

  
Attorney: Christine Michelle Kuhlman